

Questionnaire

Child's Name: _____

To help us serve your child and family better and to help us in our programming, please answer the following questions:

GENERAL INFORMATION:

Please list any other members of the household (siblings, extended family, pets, etc.).

Who has cared for your child up to the present time?

Home Care

Licensed Day Care

Relative

What language is spoken at home?

English

Other _____

Please list any significant information that we should be aware of such as, recent upsets or changes, fears, special instructions regarding pick-up, etc.?

In what areas does your child have particular interest?

How does your child like to be comforted?

Does your child have any sensitivity to foods? Yes No If so, please elaborate:

GENERAL TEMPERAMENT:

Friendly, Outgoing

Active

Shy

Very Active

Co-operative

Aggressive

Comments: _____

DEVELOPMENT:

Speech:

Uses Words Only

Speaks In Sentences

Speaks in Phrases

Comments: _____

SELF-HELP SKILLS:

Dresses Self

Toilets Self

Feeds Self

Comments: _____

SLEEP PATTERNS:

Usually Naps (how long?) _____ Does Not Nap

Comments: _____

SOCIAL SKILLS:

Plays With Group Of Children

Follows Routines

Prefers To Play Alone

Accepts Changes Easily

Comments: _____

Signature of Parent/Guardian: _____

Date: _____